

**TEMPORARY POWER OF ATTORNEY**

The undersigned parent, \_\_\_\_\_, who resides at \_\_\_\_\_, a parent having legal custody of \_\_\_\_\_, hereby appoints,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State, Zip  
as legal guardian of my child/children.

The guardianship shall begin on \_\_\_\_\_, 2021, and shall remain in effect through \_\_\_\_\_ (Month, Date, and Year)

The above-named guardian shall have the following powers:

- 1. The power to seek appropriate medical treatment or attention on behalf of my child/children as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- 2. The power to authorize medical treatment or medical procedures in any emergency situation.
- 3. The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.
- 4. The power to enroll in school and to make decisions pertaining to education.

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_) SS

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 2021, personally appears before me, \_\_\_\_\_, the person described in and who signed the foregoing instrument and acknowledge that its contents are understood and that it is executed freely and voluntarily.

I witness whereof, I hereunto set my hand and affix my official seal.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_